



Department of Environmental Quality  
Water Bureau  
Septage Program  
Septage Receiving Facility Inspection  
*Completion of this form is voluntary*

**SEPTAGE WASTE STORAGE FACILITY CHECKLIST**

STORAGE FACILITY INFORMATION (please print or type):			
BUSINESS NAME		STORAGE FACILITY OWNER NAME	
ADDRESS		ADDRESS/LOCATION OF SWSF	
CITY	STATE	ZIP	DATE OF DEQ AUTHORIZATION

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:	
1. Does the firm have written approval from the local unit of government to construct, maintain, and operate this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Does the storage facility volume exceed 10,000 gallons?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. What is the total volume of this storage facility?	_____ gallons
4. Does the facility have an operation and maintenance (O & M) manual?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Is the SWSF located in accordance with the approved site plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. Are firms and septage waste volumes tracked separately for all users disposing septage waste at this storage facility? <i>Please attach a copy of the list of septage haulers using the facility and the number of gallons of septage disposed at the SWSF per hauler.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Are the volumes totaled for each firm on a daily, weekly, monthly, and yearly basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Is the firm performing leak monitoring and keeping a written log of these inspections (required quarterly at a minimum)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. Does the design of the storage facility readily accommodate the septage hauler? If not, please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10. Does the firm screen or grind their septage prior to discharge into the storage facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. Is the septage discharged by gravity flow from the vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. Is the dump station ramp sloped resulting in the complete drainage of the septage waste vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13. Is the septage pumped from the vehicle into the storage facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. Is the dump station maintained on a regular schedule?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. Is the storage facility/screening station free of noxious odors?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16. Are odor control measures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
17. Describe how the screenings are managed and where they are disposed.	
18. Can the storage facility be gated and locked to limit access?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
19. Are there any safety issues? If so, please describe.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Name of Inspector:

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Name of Health Department:

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Date of Inspection:

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After inspection is complete, please send a copy to:

Department of Environmental Quality  
Office of Drinking Water and Municipal Assistance  
Septage Program  
P.O. Box 30241  
Lansing, MI 48909-3741

**NO ENFORCEMENT ACTION IS TO BE TAKEN BY THE HEALTH DEPARTMENT**

DISTRIBUTION: ☐ Facility ☐ LHD ☐ DEQ